



Kentucky Transportation Cabinet
Office of Local Programs
Progress Report

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01/2010
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Date:

Reporting Period: Choose an item.

Project Information:

Program: Choose an item.

Project County:

Contract Number:

Project Sponsor:

Federal Program Number:

Project Contact:

KYTC Contract Executed On:

E-Mail Address:

Telephone:

Instructions: Please complete each section below (where applicable) as it relates to the project. If a project is completely non-infrastructure, please skip the **Project Phases** section and list the non-infrastructure activities that have occurred during this reporting period under **Additional Project Activity**.

Project Phases

Please check below any phases that have been completed, or on which progress has been made during this reporting period. Complete all information below the phase where applicable

Design Consultant Procurement Phase ☐

RFP % Complete

Advertisement Beginning and Ending Dates : to

Number of Proposals Received:

Contract with Firm Executed: Yes ☐ No ☐

Name of Firm:

Percentage of Disadvantaged Business Enterprise (DBE) Participation: %

Name of DBE firm(s):

Design Plan Development Phase ☐

Notice to Proceed Date: (Will be indicated on contract.)

Plans % Complete

Is a state highway encroachment permit application required? Yes ☐ No ☐

(A permit is required if any work will be located on state-owned rights of way.)

Anticipated Completion Date:



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Do Plans Meet ADA Requirements? Yes ☐ No ☐
Do plans meet KYTC Standard Specifications? Yes ☐ No ☐
Project Development Checklist & Certification Submitted for Review and Approval? Yes ☐ No ☐

Construction Procurement Phase ☐

Bid Package % Complete
Advertisement Beginning and Ending Dates: to
Number of Bids Received:
Contract Awarded: Yes ☐ No ☐
Name of Contractor:
Percentage of DBE Participation: %
Name of DBE Firm(s):

Construction Phase ☐

Notice to Proceed Date:
Construction % Complete
Anticipated Completion Date:
Has Final Payment Been Made to the Consultant for Inspection Work? Yes ☐ No ☐
If Applicable, has the Encroachment Permit Been Released? Yes ☐ No ☐
Does Project Meet ADA Requirements? Yes ☐ No ☐
Does Project Meet KYTC Standard Specifications? Yes ☐ No ☐

Additional Information

| Property Acquisition | | |
|----------------------|----------------------|------------------------|
| <u>Property</u> | <u>Date Acquired</u> | <u>Appraised Value</u> |
| | | |
| | | |
| | | |
| | | |

Project Delays *(Are there any project delays or changes anticipated? If so, please explain.)*

Timeline for Completion *(Please provide an estimated timeline for the project completion.)*



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Additional Project Activity *(Please list any activities not included in the prior sections that have occurred during this reporting period.)*